

Elementary Overnight Registration Form - NeSoDak

September 23-24, 2011

Individual Camper Registration

Camper Name _____ Parent or Guardian _____
Address _____ Home Phone _____
_____ Work/Cell Phone _____
City _____ State _____ Zip _____
Home Congregation _____ Camper Birthdate _____ Current Grade _____
Email _____ Where did you hear about us? _____

Group Registration

Contact Person _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____
Congregation _____ Town _____
Youth Attending _____ Adults Attending _____ Where did you hear about us? _____

PLEASE ATTACH A LIST OF NAMES, CURRENT GRADE, ADDRESSES, AND EMERGENCY CONTACT NUMBERS !

Please return to NeSoDak • 3285 Camp Dakota Dr. • Waubay, SD 57273
605-947-4440 or email nesodak@losd.org